



COEUR D'ALENE TRIBE ENROLLMENT DEPARTMENT

P.O. BOX 408 PLUMMER, ID 83851

(208) 686-1800 EXT: 0193, 0800, or 5303

Fax: (208) 686-5323

INSTRUCTION SHEET

ENROLLMENT APPLICATION:

1. Answer all questions on the application. Your application will be returned if it is incomplete.

REQUIRED SUPPORTING DOCUMENTS:

1. **STATE CERTIFIED BIRTH CERTIFICATE:** The applicant's birth certificate must be submitted to the Enrollment Office. An original CERTIFIED BIRTH CERTIFICATE from your local County Health District Office is the only birth certificate that will be accepted for enrollment purposes. You can secure the birth certificate at your local Health District Office or State Vital Statistics Office. (HOSPITAL BIRTH RECORDS OR STATEMENTS ARE NOT ACCEPTED FOR ENROLLMENT PURPOSES.)
2. **SOCIAL SECURITY CARD:** Faxed or mailed copies of a social security card are accepted, however, applications for a security card are not. A copy of applicant's social security card must be submitted before the application is considered complete.
3. **CERTIFICATE OF INDIAN BLOOD (CIB):** A Certificate of Indian Blood must be submitted if applicant is a transfer, or if one of the parents of the applicant is enrolled in a federally recognized tribe other than the Coeur d'Alene Tribe. This is to ensure all Indian blood is calculated towards applicant's total Indian blood quantum.

Note: The Enrollment Application will not be processed through the Enrollment Office until ALL supporting documents are fully completed and received.

PATERNITY AFFIDAVIT: A complete, signed and notarized Paternity Affidavit is required for each enrollment application when, at the time of birth, the applicant's parents were not legally married. It is best to have this done at the hospital so the father's name will appear on the state certified birth certificate. If not, the Paternity Affidavit will be processed through the State Vital Statistics Office. Paternity Affidavit forms are also available in our Enrollment Office upon request. *If the mother chooses to not include the father, then this process is not necessary. However, only the mother's total Indian blood will be included for their child.*

If a paternity affidavit is not submitted with the application, then please provide proof of paternity through court action for paternity establishment.

The cut-off dates for the Per Capita Payments are STRICTLY enforced. Public notices will be sent out in the tribal newspaper one month prior to the enrollment deadlines, which are September 30th and March 31st of every year.

If you have any questions or need assistance, please do not hesitate to call the Enrollment Department at the numbers listed above.



COEUR D'ALENE TRIBE ENROLLMENT DEPARTMENT

P.O. Box 408 Plummer, ID 83851
1-800-829-2202 EXT: 0193, 0800, or 5303
Fax: (208) 686-5323



APPLICATION FOR ENROLLMENT

1. Name of Applicant:		
2. Date of Birth:	3. E-mail address:	
4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Contact Person and Telephone Number:	
6. Physical Address: (Street, City, State, Zip)	7. Mailing Address, (if different from Physical Address):	
8. Social Security Number:		
9. Is Applicant an Adopted child? Yes No (If No, please skip to item number 10.) If YES, please provide a copy of the Adoption Petition and Order and original birth certificate. If YES: Name of Biological Father and Tribal Affiliation: Name of Biological Mother and Tribal Affiliation:		
10. Were Parents legally married at the time of Applicant's Birth and is this a Child of that marriage? Yes No If NO, has an affidavit of paternity been signed or submitted? Yes No If NO, are the parents willing to do buckle swab DNA testing to confirm paternity? Yes No		
11. Is either parent an enrolled member of <u>another</u> federally recognized Tribe? Yes No (If No, please skip to item number 13.)		
12. Name of Biological Father: Birthdate: Tribal Affiliation: Name of Biological Mother: Birthdate: Tribal Affiliation:		
13. Is <u>Applicant</u> an enrolled member of <u>another</u> federally recognized Tribe? Yes No		
14. If <u>YES</u> , name of Tribe in which Applicant is enrolled:		
ENROLLMENT USE ONLY, PLEASE DO NOT WRITE BELOW:		
Enrollment Case Number	Enrollment Date Received Stamp	

All Applicants must submit an original of their State Certified Birth Certificate from the Vital Records Department, of the applicant's state of birth. Hospital records or billfold-size registration cards are NOT acceptable. Certified Birth Certificates are also available from your local County Health Department.

NOTE: Any person(s) who shall knowingly and willfully falsely swear or conceal a material fact or shall make a sworn statement or affidavit, knowing the same to be untrue, or shall induce or procure another person to do so, or any person who shall make any false affidavit for Tribal enrollment purposes or for other Tribal purposes shall be deemed guilty of perjury and upon conviction thereof, shall be sentenced to a period of confinement not to exceed one (1) year or ordered to pay a fine of not to exceed \$5000.00 or both the jail sentence and fine, plus costs stated under CH. 17-7.01 of the Coeur d'Alene Tribal Code. This includes, but is not limited to, actions taken under Coeur d'Alene Tribal Enrollment Code CH. 39-1.06.

I, HEREBY, certify under penalty of perjury that the information supplied in this Application of Enrollment in the Coeur d'Alene Tribe is true, correct and complete to the best of my knowledge. I have read the attached requirements for Enrollment and I understand and acknowledge that if my application for enrollment in the Coeur d'Alene Tribe contains false information or if I have wrongly withheld any relevant information or under any fraudulent acts have been misrepresented, subsequent affirmative enrollment action by the Coeur d'Alene Tribal Council will be null and void as of the date of enactment.

Authorization for Release of Information:

I, HEREBY authorize the Coeur d'Alene Tribal Enrollment Department to request and receive any and all documents, reports or information relating in any manner to my Enrollment with said Tribe pertaining to my Total Indian Blood Degree, Family Tree, and Enrollment Number. I further release custodians and possessors of such information from any and all liability for its disclosures to the Coeur d'Alene Tribal Enrollment Office. This authority includes, but is not limited to, the inspection, copying and receipt of written and oral information. I hereby request that all persons cooperate fully in providing Total Indian Blood Degree, Family Tree, Enrollment Number, Court Orders or Tribal Resolutions pertaining to my Blood Degree or Name Changes.

***Either one of the following must be signed before this application is considered complete.**

Signature of Applicant: _____ **Date:** _____

OR

Signature of Parent(s): _____ **Date:** _____

OR

Signature of Legal Guardian: _____ **Date:** _____

****If one parent is enrolled with another Tribe his/her Certification of Indian Blood and Family Ancestry Chart must be attached to this form, to compile and verify the applicant's total Indian blood quantum.**

Remarks/Comments:

RV-8-19-02
RV-5-28-03
RV-6-23-04
RV-4-29-05

The following section must be notarized:

State of _____)

County of _____)ss:

The undersigned, upon oath, deposes and says: That I am the **Legal Parent/Guardian** of the above named child. I have read this application and certify that the information provided is true and accurate.

Date this _____ day of _____, _____.

Applicant/Parent/Guardian Notarized Signature
SUBSCRIBED & SWORN TO before me this

_____ day of _____, _____,
by a person known to me to be

Notary Public in and for the State of _____
Residing in _____

My commission expires: _____ / _____ / _____.